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NATIONAL FLOOD INSURANCE PROGRAM

Claims Presentations

REGISTRATION FORM

Complete a separate form for each person and return
with a check for \$10.00 for each person, made payable to the
National Flood Insurance Program. (Please print or type)

Presentation Number: _____ **Location:** _____

NAME: _____ **COMPANY:** _____

ADDRESS: _____

CITY AND STATE: _____ **ZIP CODE:** _____

WORK PHONE: () _____ **FAX:** () _____

Mail to: Claims Presentation Coordinator

NFIP Bureau and Statistical Agent
P.O. Box 310 • Lanham, MD 20703-0310

For overnight delivery mail to:

Claims Presentation Coordinator
NFIP Bureau and Statistical Agent
7700 Hubble Drive • Lanham, MD 20706